

CITY OF MILWAUKEE
APPLICATION FOR FUNERAL LEAVE

The Funeral Leave Ordinance permits up to three off-days for the death and funeral of a member of an employee's immediate family, beginning with the day of the death or the day after the funeral. (Terms and conditions for funeral leave may be superseded by provisions in particular labor contracts.) One off-day is permitted to attend the funeral of an employee's grandparent. Complete this form, have the departmental certification signed (below) or attach the obituary notice or a statement signed by the mortician in charge of the funeral and submit to your supervisor immediately to obtain approval of the funeral leave. (FALSE STATEMENTS WILL BE DEEMED CAUSE FOR SUSPENION OR DISCHARGE)

APPLICANT		NAME		PENSION NO.		TITLE	
STREET ADDRESS				DEPT. OR BUREAU			
ABSENT FROM:				, 20		THRU	
		MONTH DAY				MONTH DAY	
						, 20	
						TOTAL <u>WORK DAYS</u> ABSENT	
						OR	
						HOURS	

NAME OF DECEASED				RELATIONSHIP TO APPLICANT: (CHECK ONE)	
DEATH				HUSBAND OR WIFE <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/>	
		MONTH DAY YEAR CITY STATE		SON OR DAUGHTER <input type="checkbox"/> PARENT-IN-LAW <input type="checkbox"/> GRANDCHILD <input type="checkbox"/>	
FUNERAL				BROTHER OR SISTER <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>	
		MONTH DAY YEAR CITY STATE			
BURIAL				DEPARTMENTAL CERTIFICATION	
		MONTH DAY YEAR CITY STATE		A department management person who has personal knowledge of employee's attendance at funeral/burial may sign here in lieu of obituary notice or mortician's statement:	
				NAME: _____	
				TITLE: _____	
				DATE: _____	
DID YOU TRAVEL TO PLACE(S) SHOWN ABOVE? YES <input type="checkbox"/> NO <input type="checkbox"/>					
The above statements are true and correct.				DEPARTMENTAL APPROVAL	
				I have reviewed this Funeral Leave Application for completeness and accuracy and approve payment.	
SIGNATURE OF APPLICANT		DATE		SIGNATURE OF DEPARMENT HEAD	
				DATE	